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SEP 15 2004 SALK1120-1.1
(088802-0274)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ronald M. Evans et al
Title: RETINOIC ACID RECEPTOR
METHOD
Appl. No.: 09/773,041
Filing Date: 01/31/2001
Examiner: Michael D. Pak
Art Unit: 1646

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
<u>Stephen E. Reiter, Reg. 31,192</u> (Printed Name)	
	<u>E.</u> (Signature)
September 15, 2004 (Date of Deposit)	

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action mailed March 18, 2004, please consider the following
Amendments and Remarks.

Amendments to the Claims are included in the Listing of Claims which begins on
page 2 of this communication.

Remarks begin on page 3 of this communication.

See application

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[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	0	- 20 =	0	x \$18.00 =	\$0.00
Independent Claims:	0	- 3 =	0	x \$86.00 =	\$0.00
First presentation of any Multiple Dependent Claims:			+	\$290.00 =	\$0.00
				CLAIMS FEE TOTAL =	\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$110.00	\$0.00
[] Extension for response filed within the second month:	\$420.00	\$0.00
[X] Extension for response filed within the third month:	\$950.00	\$950.00
[] Extension for response filed within the fourth month:	\$1,480.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,010.00	\$0.00
	EXTENSION FEE TOTAL:	\$950.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$950.00
[X]	Small Entity Fees Apply (subtract 1/2 of above):	\$475.00
		TOTAL FEE:
		\$475.00

[X] Please charge Deposit Account No. 50-0872 in the amount of \$475.00. A duplicate copy of this transmittal is enclosed.

[] A check in the amount of \$475.00 is enclosed.

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[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 15, 2004

By Stephan E. Reiter

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